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## FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: October 17, 2005

CLIENT-MATTER No.: 24207-10084

To:

NAME	FAX NO.	PHONE NO.
USPTO	571-273-8300	

E 8 55

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

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## MESSAGE:

Please see attached.

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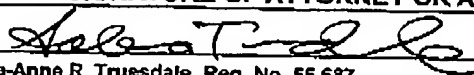
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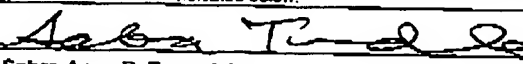
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A1000/00103/DOCS/1403268.1

<b>TRANSMITTAL FORM</b> (to be used for all correspondence during pendency of filed application)		Application Number	10/814,365
		Filing Date	March 31, 2004
		First Named Inventor	Omar Habib Khan
		Group Art Unit Number	2171
		Examiner Name	Not Yet Known
Total Number of Pages in This Submission	2	Attorney Docket Number	24207-10084 (formerly 53051/294543)

ENCLOSURES (check all that apply)	
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Signature:		
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated: 10-17-05

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24207/10084/DOCS/1565718.1

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in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/541,476		09-30-2004
	10/749,439		12-31-2003
	10/749,440		12-31-2003
	10/749,620		12-31-2003
	10/750,105		12-31-2003
	10/750,109		12-31-2003
	10/765,014		01-26-2004
	10/813,818		03-31-2004
	10/814,365		03-31-2004
	10/814,414		03-31-2004
	10/814,487		03-31-2004
	10/814,766		03-31-2004
	10/814,773		03-31-2004
	10/814,908		03-31-2004
	10/814,924		03-31-2004
	10/815,158		03-31-2004
	10/854,060		05-26-2004
	10/872,504		06-22-2004
	10/881,643		06-30-2004
	10/882,059		06-30-2004
	10/882,066		06-30-2004
	10/948,710		09-23-2004
	11/018,812		12-20-2004
	11/026,616		12-31-2004
	11/026,681		12-31-2004

Typed Name

Sabra-Anne R. Truesdale

Signature

Date

10-17-05

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(check one)

☐ Applicant or Patentee

☐ Assignee of record of the entire  
interest. Statement under  
37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

☒ Attorney or Agent of record

55,687

(Reg. No.)

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one form is submitted.